

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6307</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kenneth</u> <u>D</u> <u>Alexander</u> P.O. Box, Bldg., Room No., if any Street <u>605 NE Country Club Dr.</u> City <u>Blue Springs</u> State <u>Missouri</u> ZIP Code + 4 <u>64014</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local #2</u> Labor Organization File Number <u>012414</u> P.O. Box, Building and Room Number, if any Street <u>2902 Blue Ridge Blvd.</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64129</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kenneth D. Alexander</u>	On <u>08/08/2005</u> Date	<u>816-229-4994</u> Telephone Number

Name of Person Filing Kenneth Alexander	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name UBS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE WARD PARKWAY SUITE 126 City KANSAS CITY State Missouri ZIP Code + 4 64112	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SHEET METAL LOCAL 2 401-K TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2902 BLUE RIDGE BLVD. City KANSAS CITY State Missouri ZIP Code + 4 64129	11.a. Nature of such dealing. UBS PROVIDES SERVICES TO THIS TRUST AS ADMINISTRATOR OF OUR JOINT 401-K PLAN 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. UBS LOGO PULLOVER GIVEN TO LABOR/MANAGEMENT TRUSTEES 12.b. Amount. \$59

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Kenneth Alexander

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name BROTHERHOOD BANK AND TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 756 MINNESOTA AVE

City KANSAS CITY

State Kansas ZIP Code + 4 66106

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

DONATIONS OF BROTHERHOOD BANK & TRUST WHO MANAGES SOME ASSETS OF SHEET METAL LOCAL 2 AND ALSO RECEIVES AND FORWARDS FRINGE BENEFITS TO VARIOUS ENTITIES ON BEHALF OF LOCAL 2 MEMBERS

WIFES FAMILY HAS DEPOSITS WITH BROTHERHOOD ALSO.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2004 CHRISTMAS GIFT BASKET 100.00
CUSTOMER APPRECIATION NIGHT--COCKTAILS AND THEATRE TICKETS FOR MYSELF AND WIFE (WHO HAS FAMILY MONIES ON DEPOSIT) 75.00

12.b. Amount.

\$175

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8. Name and address of Business (including trade name, if any).

Name NATIONAL ENERGY MANAGEMENT INSTITUTE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 N FAIRFAX ST SUITE 250

City ALEXANDRIA

State Virginia ZIP Code + 4 22314

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TASK FORCE MEMBER OF UNDER FLOOR AIR DISTRIBUTION COMMITTEE WITH NEMI

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

PER-DIEM/AIRFARE/LODGING/FOOD/AND RE-IMBURSEMENT FOR ACTUAL EXPENSES OF 3 MEETINGS

JANUARY LAS VEGAS
MAY NEW YORK
AUGUST LAS VEGAS

12.b. Amount.

\$2,656

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8. Name and address of Business (including trade name, if any).

Name MOKAN HEALTH AND WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 406 W 34TH ST SUITE 603

City KANSAS CITY

State Missouri ZIP Code + 4 64111

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE TO HEALTH AND WELFARE PLAN WHO PROVIDES
MEDICAL BENEFITS TO LOCAL 2 MEMBERS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

MEALS ASSOCIATED WITH MEETINGS OF:

3/16/04 35.02
4/13/04 31.89
5/11/04 28.22
8/17/04 27.59
11/30/04 26.06

TRUSTEE TRAINING LAS VEGAS 325.00

12.b. Amount.

\$474

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8. Name and address of Business (including trade name, if any).

Name SHEET METAL JOINT APPRENTICESHIP TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9703 E 53RD ST

City RAYTOWN

State Missouri ZIP Code + 4 64133

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

BUSINESS MANAGER SERVES AS ADVISOR TO JATC COMMITTEE AND ALSO SPEAKER AT DINNERS AND BANQUETS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

MEALS AND BANQUET TICKETS ASSOCIATED WITH REGIONAL AND NATIONAL CONTEST:

REGIONAL BANQUET (WIFE INCLUDED) 70.00

NATIONAL BANQUET (WIFE INCLUDED) 170.00

JATC COMPLETION DINNER (WIFE INCLUDED) 80.00

STAFF AND ASSOCIATES CHRISTMAS DINNER 40.00

12.b. Amount.

\$360